GOVERNOR'S EMPLOYEE SAFETY AWARD NOMINATION FORM

Award Category (Select one)	❐ Group	❐ Individual

Calendar Year	Agency

Nominee Name **(as it will appear on the certificate)**	Working Title **(see Group attachment)**	Classification **(attach duty statement)**	
Work Mailing Address (include department, division, or office)		Office Phone Number	CALNET Number

Summary of Contributions - Provide approximately 150 words describing the nominee's contribution to safety. Include specific data, documentation, and statistics as required by the award category described on the nomination criteria information sheet. Include information such as what specific actions were taken by nominee and how these actions contributed toward improving safety in the workplace. Provide statistical information to support any measurable impact on the safety program, (e.g. reduction in workplace injuries, reduction in number of accidents, etc.). **Attach additional sheets as necessary.**

Provide further explanation if the following information is not answered in the Summary of Contributions shown above.

Was this event or project completed outside the employee's regular job duties?	Yes ❐ No ❐
Did this action take place during the course and scope of employment?	Yes ❐ No ❐
Was the action or project completed in the last calendar year?	Yes ❐ No ❐
Is this employee or group directly responsible for safety or health programs?	Yes ❐ No ❐
Has this contribution been considered previously for an award (GESA, departmental, merit, other)?	Yes ❐ No ❐
Supporting documentation and Duty Statement attached?	Yes ❐ No ❐

EXPLANATION

Departmental Contact (Printed Name and Title)	Email Address	Office Phone Number	CALNET Number

Departmental Approval (Printed Name and Title) *	Office Phone Number	CALNET Number
Signature	Date	

*Signature of department/agency head or their designee (Director, President, Warden, Superintendent, etc.)

GOVERNOR'S EMPLOYEE SAFETY AWARD NOMINATION FORM
GROUP NOMINATION ATTACHMENT

Group Name **(as it will appear on the certificate)**	

Total number of individuals in the group:	

Nominee Name	Working Title	Classification **(attach duty statement)**